

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKRonald L. Franklin**16 CV 5549**

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

New York CityBill De BlasioN.Y.C.D.O.C.Joseph PonteMaxsolaine Mingo**COMPLAINT**

under the

Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Ronald L. Franklin

ID #

349-15-07692

Current Institution

A.M.K.C.

Address

18-18 Hazen St.East Elmhurst, N.Y. 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

New York City

Shield #

Where Currently Employed

Address

Defendant No. 2 Name N.Y.C.D.O.C. Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 3 Name Bill DeBlasio - Mayor Shield # \_\_\_\_\_  
 Where Currently Employed New York City  
 Address \_\_\_\_\_

Defendant No. 4 Name Joseph Ponte - Commissioner Shield # \_\_\_\_\_  
 Where Currently Employed The Bulova Building  
 Address 75-20 Astoria Blvd.  
East Elmhurst, N.Y. 11370

Defendant No. 5 Name Max Solaine Mingo - Warden Shield # \_\_\_\_\_  
 Where Currently Employed A.M.K.C.  
 Address 18.18 Hazen St.  
East Elmhurst, N.Y. 11370

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?  
M.D.C., B.K.D.C., O.B.C.C., A.M.K.C., G.R.U.C.,  
V.C.B.C., R.N.D.C., E.M.T.C., & G.M.D.C.
- B. Where in the institution did the events giving rise to your claim(s) occur?  
The units I was housed in, at my cell, or  
bunk area.
- C. What date and approximate time did the events giving rise to your claim(s) occur?  
Various intermittent periods from March 13,  
2003 until present date (June 8, 2016.)

D. Facts: The N.Y.C.D.O.C. issues Bob Barker mattresses for the prisoners to sleep on. We are forced to use these mattresses on a foundation, when the manufacturer's label clearly says "This mattress is intended for use without a foundation." The frames used as a foundation are only 5 feet 10 inches long. I am 6 foot 3 inches tall. These mattresses that I am forced to use improperly have resulted in me suffering Degenerative Bone Loss in my spine and excruciating back pain. The bed frames have caused me loss of sensation and neuropathy in my lower ankles and feet.

The N.Y.C.D.O.C. has been made aware of the dangers of using these mattresses in such a manner, and that the bed frames are not long enough, yet have done nothing to correct these problems. This is deliberate indifference in violation of the 8th Amendment to the United States Constitution.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Degenerative Bone Loss to my spine; neuropathy in my ankles and feet; excruciating back pain.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

M.D.C., B.K.D.C., O.B.C.C., B.R.V.C., A.M.K.C.,  
E.M.T.C., G.M.D.C., F.V.C.B.C.

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance? A.M.K.C.

1. Which claim(s) in this complaint did you grieve? All of them.

2. What was the result, if any? I submitted the enclosed grievance June 1st 2016 by June 28, 2016 there was no response

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. None, because Grievance never acknowledged nor responded to my complaint by June 28, 2016.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

2. If you did not file a grievance but informed any officials of your claim, state who you informed, \_\_\_\_\_

when and how, and their response, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_

The damage to my spine is irreparable and I will require continuing medical care for the rest of my life.

**Note:** You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). \_\_\_\_\_

\$ 2,000,000.00<sup>00</sup> for pain and suffering.  
 \$ 5,000,000.00<sup>00</sup> for future medical supplies/expenses.  
 \$ 25,000,000.00<sup>00</sup> punitive damages for deliberate indifference.  
 Replace the mattresses with a more suitable product, and replace the bed frames with bed frames of appropriate length.

**VI. Previous lawsuits:**

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

On  
these  
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Ronald L. Franklin

Defendants New York City et al.

2. Court (if federal court, name the district; if state court, name the county) Southern District Court in Manhattan

3. Docket or Index number I do not recall

4. Name of Judge assigned to your case I do not recall

5. Approximate date of filing lawsuit May 1, 2012

6. Is the case still pending? Yes ☐ No ☒

If NO, give the approximate date of disposition February 2013

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Dismissal for failure to state a constitutional right violation. No it did not appeal.

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☐ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes ☐ No ☐

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 28<sup>th</sup> day of June, 2016

Signature of Plaintiff

Inmate Number

Institution Address

Ronald C. Franklin  
349.15.07892  
A.M.H.C. (9 mod-B)  
18.18 Hezen St.  
East Elmhurst, N.Y.  
11370

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 28<sup>th</sup> day of June, 2016 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Ronald C. Franklin

# WARNING

Improper cleaning and/or disinfection will shorten the life of this product.

## Cleaning/Disinfection Instructions

Soils and stains: use soft sponge with neutral suds and warm water.

Hard to clean spots: use standard liquid household vinyl cleaners and soft sponge.  
Pre-soak if needed.

## Do Not Use

### Harsh Cleaners or Solvents.

Disinfection: dilute disinfectants and/or germicides as specified on manufacturer's product label.

## Use Disinfectants Only

In Those Dilutions Recommended  
By the Manufacturer.

Bob Barker Company, Inc. Fuquay-Varina, NC 27526

Manufactured by:  
Bob Barker Co., Inc.  
7925 Purfoy Road  
Fuquay-Varina, NC 27526

Date of Manufacture:

**N30754GDBL**

Prototype ID: PJM25754-1

This mattress meets the requirements of 16 CFR 1633 (federal flammability (open flame) standard for mattress sets) when used without a foundation.

THIS MATTRESS  
IS INTENDED TO BE USED  
WITHOUT A FOUNDATION

UNDER PENALTY OF LAW THIS  
TAG NOT TO BE REMOVED  
EXCEPT BY THE CONSUMER

ALL NEW MATERIAL  
Consisting of

100% THERMALLY BONDED  
FIRE RESISTANT  
POLYESTER STAPLE

REG. NO. NC-769

Certification is made by the manufacturer  
that the materials in this article are  
described in accordance with law.

MADE BY  
BOB BARKER CO. INC  
7925B PURFOY ROAD  
FUQUAY-VARINA, NC 27526

Patent #6,807,694

MADE IN USA

Sender:  
Milton Carlos  
Receiver:  
Rachy Jackson  
193 269 1472  
150





City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSID # (optional):	
Ronald Franklin	349.15.07692	02298557 N	
Facility:	Housing Area:	Date of Incident:	Date Submitted:
A.M.K.C.	9 mod-B	6/1/16	6/1/16

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

## Request or Grievance:

From March 10, 2003 until ~~10/5/03~~ September 10, 2003; then 10/5/03 until 4/10/04; then 12/8/05 until 4/1/06; then 9/10/07 until 4/15/08; then 9/14/11 until 5/1/11; then 8/2/11 until 9/15/11; then 12/8/11 until ~~7/2/12~~ 7/2/12; then 8/16/12 until 9/26/12; then 9/30/12 until 10/10/12; then ~~8/13~~ 8/13 until 6/1/13; then 4/4/15 until 5/18/15; then 7/7/15 until present day. I've been forced use a mattress on a foundation that was labeled to be used with out one. (resulting in ~~REOCURE~~ back pain.)

## Action Requested by Inmate

Replace these mattresses with a more suitable product and pay me for my pain and suffering.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you need the IGRP staff to write the grievance or request for you?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you filed this grievance or request with a court or other agency?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Did you require the assistance of an interpreter?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Inmate's Signature:

Ronald Franklin

Date of Signature:

6/1/16

## For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.  
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp-Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

**NYSID No:** 02298557N **B&C No:**  
3491507692

**FRANKLIN, RONALD**

988 MYRTLE AVE, C125, BKLYN, NY 10030

**Primary Insurance:** Medicaid  
**PCP:**

**DOB:** 07/22/1974 **Age:** 41 Y **Sex:** male

**Home:**

**Work:**

**Cell:**

**Email:**

**Advance Directive:**

**Allergies :** pollen - rash

**Medical History**

<b>Active Problem List</b>							
<b>Code</b>	<b>Name</b>	<b>Specify</b>	<b>Notes</b>	<b>Added On</b>	<b>Modified On</b>	<b>Modified By</b>	
RI50	SMI - NO				11/19/2015	Richard, Marie	
301.7	Antisocial personality disorder				11/19/2015	Richard, Marie	
309.28	Adjustment disorder with mixed emotional features				11/19/2015	Richard, Marie	
401.9	HTN				11/19/2015	Richard, Marie	
493.90	ASTHMA NOS				11/19/2015	Richard, Marie	
571.40	Chronic hepatitis NOS				10/12/2015	Ricketts, Martin	
553.8	HERNIA NEC				03/06/2012	Jones, Vanessa	
519.11	Bronchospasm, acute				04/24/2011	Kerrison, David	
070.30	Viral hepatitis B, w/o mention of coma, w/o mention of hepatitis delta				11/19/2015	Richard, Marie	
992.9	HEAT EFFECT NOS				08/23/2011	Provilon, Pierre	
278.00	OBESITY NOS				10/18/2015	Johnson, Allison	
V02.61	HEPATITIS B CARRIER				10/18/2015	Johnson, Allison	
682.9	CELLULITIS NOS				07/09/2015	Mccready, Joseph	
794.31	ABNORM ELECTROCARDIOGRAM				03/15/2012	Graham-Battle, Constance	
E958.9	INJURY-NOS		Pt claimed his Rt wrist was caught in the gate 9.30pm last night. Pt c/o pain. No swelling/erythema or abrasion. Rt wrist tender on palpation. Pt refused to perform ROM due		04/11/2012	Okoroza, Samuel	

**NYSID No:** 02298557N **B&C No:**  
3491507692

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**PCP:**

**DOB:** 07/22/1974 **Age:** 41 Y **Sex:** male**Home:****Work:****Cell:****Email:****Advance Directive:****Allergies :** pollen - rash

		to pain he claims	
272.4	Hyperlipidemia NOS		11/19/2015 Richard, Marie
724.5	Back pain		04/09/2015 Hill, Cynthia
304.90	Polysubstance dependence		09/04/2015 11/19/2015 Richard, Marie
757.5	NAIL ANOMALIES NEC	hypertrophic, dystrophic, nails 1-5 B/L	06/04/2012 Goldberg, Allan
701.1	Hyperkeratosis		06/11/2012 Goldberg, Allan
110.9	Tinea	plantar tinea B/L	06/11/2012 Goldberg, Allan
734	Flat foot		02/08/2012 Goldberg, Allan
733.6	Costochondritis		03/15/2012 Graham-Battle, Constance
848.9	SPRAIN NOS		03/29/2012 Hasan, Azmat
752.69	PENILE ANOMALIES NEC	Pt denies any discharge or pain. RTC prn, Labs normal	02/27/2012 Okoroza, Samuel
V70.0	Routine general medical examination at health care facility		02/29/2012 Mohammad, Habib
571.40	Chronic hepatitis, unspecified		02/29/2012 Bryant, Marshall
279.3	IMMUNITY DEFICIENCY NOS		03/15/2012 Graham-Battle, Constance
525.9	Toothache		10/30/2015 Dickie, Carolyn
706.8	Xerosis cutis	dorsal xerosis B/L	06/11/2012 Goldberg, Allan
729.2	Neuralgia NOS	(properly) suspected peripheral neuropathy	06/04/2012 Goldberg, Allan
272.4	Hyperlipemia	BORDERLINE LDL	04/04/2012 Walker, Curt
790.29	Abnormal blood glucose not elsewhere classified	MINIMAL INCREASE IN HGBA1C, NORMAL GLUCOSE	04/04/2012 Walker, Curt

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**Allergies :** pollen - rash

734	Flat foot	pes planus B/L	04/09/2012	Goldberg, Allan
861.01	Contusion		04/11/2012	Flores, Frank
959.9	Injury, other and unspecified, unspecified site	left foot	04/14/2012	Minn (Inactive), Myoe
790.6	Hyperglycemia	Pt's urine negative for ketone. Pt was given 12units of regular insulin and told to drink a lot of water. Repeat glucose 139mg/dl after two hours	04/28/2012	Okoroza, Samuel
690.10	Unspecified seborrheic dermatitis		04/24/2012	Vives (inactive), Adriana
724.2	LBP [Low back pain]		04/24/2012	Goldsberry, Pheobe
729.5	Pain in limb	Lt Shoulder Pain	05/30/2012 07/13/2014	Walker, Allen
704.8	Folliculitis	Pt completed antibiotic therapy. RTC prn	06/12/2012	Okoroza, Samuel
924.3	Contusion of toe		06/07/2012	Gravesande, Terry
V85.38	BMI 38.0-38.9,ADULT		08/29/2012	McGahee, Wendy
V70.0	ROUTINE MEDICAL EXAM		07/09/2015	Mccready, Joseph
V65.3	DIETARY SURVEIL/COUNSEL		07/09/2015	Mccready, Joseph
680.8	Furuncle of head, except face		09/04/2012	Gornish, Ira
V81.2	Screening for other and unspecified cardiovascular conditions		07/09/2015	Mccready, Joseph
719.41	Pain in joint, shoulder region		09/11/2012	Akhtar (Inactive), Mohammad
690.18	Dandruff		09/13/2012	Walker, Allen
523.10	Chronic gingivitis, plaque induced		09/13/2012	McEachrane, Sandra
		VS.		Mateo,

**NYSID No:** 02298557N **B&C No:**  
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786.50	CHEST PAIN NOS	Manipulative Gesture	09/20/2012	09/20/2012	Eugenio
278.00	Obesity, unspecified			05/16/2013	Bankole (Inactive), Olusegun
726.73	Calcaneal spur			09/26/2012	Peguerro, Francisco
110.1	Onychomycosis			10/03/2012	Flores- Clemente, Bessie
728.71	PLANTAR FIBROMATOSIS			10/01/2012	Estrada, Yaneth
786.2	Cough			05/21/2013	Flores- Clemente, Bessie
705.83	Hidradenitis			05/21/2013	Flores- Clemente, Bessie
V72.2	Dental examination			05/22/2013	McEachrane, Sandra
V85.33	BMI 33.0-33.9,ADULT			07/13/2014	Walker, Allen
110.4	Tinea pedis			07/13/2014	Walker, Allen
700	Callus		03/18/2015	04/09/2015	Barnes, Landis
110.1	Tinea unguium		03/18/2015	03/18/2015	Flores- Clemente, Bessie
070.32	Chronic viral hepatitis B without mention of hepatic coma		04/15/2015	04/15/2015	McGahee, Wendy
V62.6	REFUSAL OF TREATMENT	Optometry.	04/23/2015	11/18/2015	Burmeister, Robert
791.0	Proteinuria		05/06/2015	05/06/2015	McGahee, Wendy
997.91	Hypertension		07/10/2015	07/10/2015	Mccready, Joseph
553.9	HERNIA NOS		09/03/2015	09/03/2015	Pedestru, Cristian
302.50	TRANS-SEXUALISM NOS		09/28/2015	11/24/2015	Blackmore, Larry
521.00	Unspecified dental caries		10/12/2015	10/12/2015	Barnes, Landis
272.4	Hyperlipidemia		10/12/2015	10/12/2015	Ricketts, Martin
301.7	Antisocial personality disorder		10/12/2015	10/12/2015	Ricketts,

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**Work:**

**Cell:**

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**Advance Directive:**

**Primary Insurance:** Medicaid  
**PCP:**

**Allergies :** pollen - rash

786.50	CHEST PAIN NOS	Manipulative Gesture	09/20/2012	09/20/2012	Eugenio
278.00	Obesity, unspecified		05/16/2013		Bankole (Inactive), Olusegun
726.73	Calcaneal spur		09/26/2012		Peguero, Francisco
110.1	Onychomycosis		10/03/2012		Flores- Clemente, Bessie
728.71	PLANTAR FIBROMATOSIS		10/01/2012		Estrada, Yaneth
786.2	Cough		05/21/2013		Flores- Clemente, Bessie
705.83	Hidradenitis		05/21/2013		Flores- Clemente, Bessie
V72.2	Dental examination		05/22/2013		McEachrane, Sandra
V85.33	BMI 33.0-33.9,ADULT		07/13/2014		Walker, Allen
110.4	Tinea pedis		07/13/2014		Walker, Allen
700	Callus		03/18/2015	04/09/2015	Barnes, Landis
110.1	Tinea unguium		03/18/2015	03/18/2015	Flores- Clemente, Bessie
070.32	Chronic viral hepatitis B without mention of hepatic coma		04/15/2015	04/15/2015	McGahee, Wendy
V62.6	REFUSAL OF TREATMENT	Optometry.	04/23/2015	11/18/2015	Burmeister, Robert
791.0	Proteinuria		05/06/2015	05/06/2015	McGahee, Wendy
997.91	Hypertension		07/10/2015	07/10/2015	Mccready, Joseph
553.9	HERNIA NOS		09/03/2015	09/03/2015	Pedestru, Cristian
302.50	TRANS-SEXUALISM NOS		09/28/2015	11/24/2015	Blackmore, Larry
521.00	Unspecified dental caries		10/12/2015	10/12/2015	Barnes, Landis
272.4	Hyperlipidemia		10/12/2015	10/12/2015	Ricketts, Martin
301.7	Antisocial personality disorder		10/12/2015	10/12/2015	Ricketts,

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**Advance Directive:**

**Allergies :** pollen - rash

042	Human immunodeficiency virus [HIV] disease	10/13/2015 10/18/2015	Martin Johnson, Allison
799.9	Diagnosis deferred	10/18/2015 10/18/2015	Johnson, Allison
367.9	Refractive error	10/30/2015 10/30/2015	Dickie, Carolyn
RI300	Dental Class I Extractions Indicated	11/05/2015 11/05/2015	Benn, Renrick

**Medications****Name strength formulation, Sig: take route frequency**

Spironolactone 25 MG Tablet, Sig: 1 tablet Orally Twice a day Start Date: 11/23/2015

Hydrochlorothiazide 25 MG Tablet, Sig: 1 tablet Orally Once a day Start Date: 10/05/2015

Enalapril Maleate 10 mg Tablet, Sig: 1 tablet Orally Once a day Start Date: 10/05/2015

Entecavir 1 MG Tablet, Sig: 1 mg Orally Once a day Start Date: 09/09/2015

Truvada 200-300 MG Tablet, Sig: 1 tablet Orally Once a day Start Date: 11/30/2015



Ron Franklin 349 1507692  
AMHC  
18-18 Hazen St.  
East Elmhurst, N.Y. 11370

Pro Se Intake  
Federal Court  
500 Pearl St.  
New York, N.Y.

RECEIVED  
SDNY FORT ST. OFFICE  
2016 JUL 12 AM 9:25